

256348

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Amend Name on Class C Certificate from
Charleston Black Cab Company dba Charleston Black
Cab Co, Class C Taxi #8791

Amend name to: Hospitality Shuttle Services LLC

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TRANS DEPT

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2013 - 220 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Christina Tsang
Address: 1114 Morrison Drive
Charleston SC 29403

Telephone: 843-303-9260
Fax: 888-213-8110
Other:
Email: Christina@charlestonhospitalitygroup.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class R Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class R Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

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PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

04/27/15 03:56PM EDT '8882138110' -> 8037370815

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

**S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815**

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DATE: 4/27/2015

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I have the following Certificate;

☒ Class C Taxi # 8791 ☐ Class C Charter # ☐ Class C Charter Bus #

☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: Charleston Black Cab Company

(Current Name)

DBA: Charleston Black Cab Co

(Current DBA if applicable)

TO: Hospitality Shuttle Services LLC

(New Name)

DBA: Manny's Shuttles

(New DBA if applicable)

Scope of Authority

From: _____

(Current Scope)

To: _____

(New Scope)

Passenger Limit

From: _____

(Current Limit Number)

To: _____

(New Limit Number)

Hospitality Shuttle Services LLC DBA Manny's Shuttles
Name & DBA if DBA is applicable)

Charleston, SC 29403

(City, State, Zip Code)

1114 Morrison Dr

(Street and/or Mailing Address)

Adelphi

(Signature)

843-730-0600

(Telephone Number)

OWNER

(Title) Owner, President, etc.

The State of South Carolina

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APR 27 2015

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Office of Secretary of State Mark Hammond

Certificate of Existence

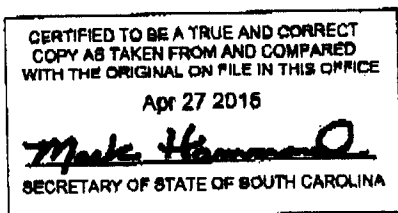
I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HOSPITALITY SHUTTLE SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 27th, 2015, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 27th day of April,
2015

A handwritten signature in black ink that reads "Mark Hammond".

Mark Hammond, Secretary of State



STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-106 of the 1976 South Carolina Code of Laws, as amended is HOSPITALITY SHUTTLE SERVICES LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

1114 MORRISON DR

Street Address

CHARLESTON SC

City

294033111

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

OSAMA MUSTAFA

Name

Electronically filed on SCBOS,
signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

5017 OLD BRIDGEVIEW LN

Street Address

CHARLESTON SC

City

294036810

Zip Code

4. The name and address of each organizer is

a) OSAMA MUSTAFA

Name

1114 MORRISON DR

Street

CHARLESTON

City

SC US

State

294033111

Zip Code

HOSPITALITY SHUTTLE SERVICES LLC

Name of Corporation

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

8. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2015-04-27

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Pg 1/4

Cont. Docket 2013-220-T

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Thanks.
Christina Tsang
843-714-1803

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Thanks.
Christina Tsang
843-714-1803